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PATENT, TRADEMARK
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Date: June 29, 2004

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FACSIMILE COVER LETTER

Facsimile Number: 703-872-9306

To: Examiner G. Auduong
Group Art Unit 2818, USPTO

From: Mr. Daniel J. Stanger
MATTINGLY, STANGER & MALUR, P.C.

Re: USSN 10/606,957
Attorney Docket No.: ASA-994-03

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

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Daniel J. Stanger
Reg. No. 32,846

June 29, 2004
Date

Total Number of Pages (including cover sheet): 10

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FORM PTO-1083

PATENT

Case Docket No. ASA-994-03

In RE application of Y. KANNO et al

Serial No.: 10/606,957

Group Art Unit: 2818

Filed: June 27, 2003

Examiner: G. Audoung

For: SEMICONDUCTOR INTEGRATED CIRCUIT



Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra
Total	4	Minus	20	= 0
Indep.	1	Minus	3	= 0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims				

SMALL ENTITY

Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY

Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
 ** If the 'Highest Number Previously Paid For' in THIS SPACE is less than 20, write '20' in this space.
 *** If the 'Highest Number Previously Paid For' in THIS SPACE is less than 3, write '3' in this space.
 The 'Highest Number Previously Paid For' (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.
- ☒ A check in the amount of \$ 110.00 is attached in payment of:
Terminal Disclaimer Fee (Credit Card Payment Form)
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Alexandria, Virginia 22314
(703) 684-1120

Date: June 29, 2004By: 

Daniel J. Stanger
Registration No. 32,846
Attorney for Applicant(s)

ASA-994-03

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Y. KANNO et al

Serial No. 10/606,957

Group Art Unit: 2818

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Examiner: G. Auduong

For: SEMICONDUCTOR INTEGRATED CIRCUIT

REPLY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In reply to the Office Action mailed March 29, 2004,
please amend the above-identified application as follows.